# U.S. Department of Energy Federal Assistance Budget Information

OMB Control No. 1910-0400

## **OMB Burden Disclosure Statement**

Public reporting burden for this collection of information is estimated to average 1.87 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422 - GTN, Paperwork Reduction Project (1910-0400), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0400), Washington, DC 20503.

| Program/Project Identification No. |                 |     | 2. Program/Project Title            |                         |                      |       |                   |                       |                               |         |              |  |
|------------------------------------|-----------------|-----|-------------------------------------|-------------------------|----------------------|-------|-------------------|-----------------------|-------------------------------|---------|--------------|--|
| 3. Name and Address                |                 |     |                                     |                         |                      |       |                   |                       | 4. Program/Project Start Date |         |              |  |
|                                    |                 |     |                                     |                         |                      |       |                   | 5.                    | Complet                       | on Date |              |  |
|                                    |                 |     | SE                                  | CTION A                 | A - BUD              | GET S | UMMAR             | Y                     |                               |         |              |  |
| Grant Program Function             |                 | Est |                                     | mated Unobligated Funds |                      |       |                   | New or Revised Budget |                               |         |              |  |
| or<br>Activity<br>(a)              | Activity Catalo |     |                                     |                         | deral Non-F<br>(c) ( |       | eral Feder<br>(e) |                       |                               |         | Total<br>(g) |  |
| 1.                                 |                 |     | \$                                  |                         | \$                   |       | \$                |                       | \$                            |         | \$           |  |
| 2.                                 |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| 3.                                 |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| 4.                                 |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| 5. TOTALS                          |                 | \$  |                                     | \$                      |                      |       | \$                |                       | \$                            |         | \$           |  |
|                                    |                 |     | SEC                                 | TION B                  | - BUDG               | ET CA | TEGOR             | IES                   |                               |         |              |  |
| 6. Object Class Categories (       |                 |     | Grant Program, Function or Activity |                         |                      |       |                   |                       |                               |         | Total        |  |
|                                    |                 | (1) |                                     | (2)                     |                      | (3)   |                   | (4)                   |                               | (5)     |              |  |
| a. Personnel                       |                 | \$  |                                     | \$                      |                      | \$    |                   | \$                    |                               | \$      |              |  |
| b. Fringe Benefits                 |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| c. Travel                          |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| d. Equipment                       |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| e. Supplies                        |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| f. Contractual                     |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| g. Construction                    |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| h. Other                           |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| i. Total Direct Charges            |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| j. Indirect Charges                |                 |     |                                     |                         |                      |       |                   |                       |                               |         |              |  |
| k. TOTALS                          |                 | \$  |                                     | \$                      |                      | \$    |                   | \$                    |                               | \$      |              |  |
| 7. Program Income                  |                 | \$  |                                     | \$                      |                      | \$    |                   | \$                    |                               | \$      |              |  |

#### **INSTRUCTIONS**

- Item 1 Enter the Federal grant or agreement identification number for the current year as it appears in the official award, if known.
- Item 2 Enter the Program/Project official title as it appears in the award.
- Item 3 Enter name and address of the agency or office responsible for coordination and administration of the Program/Project.
- Item 4 Enter the official start date.
- Item 5 Enter the official completion date as of the latest official modification.

### Section A. Budget Summary

Lines 1-4, Columns (a) and (b).

For applications pertaining to a single Federal assistance program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g).

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project.

For continuing assistance program applications, submit these forms before the end of each funding year if required by Program Manager. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the funding period only if the award instructions provide for this. Otherwise, leave these columns blank. Enter in Columns (e) and (f) the amount of funds needed for the upcoming period. The amount(s) in

THIS REPORT IS REQUIRED IN ACCORDANCE WITH 42 U.S.C. 7254 AND 40 U.S.C. 471 ET SEQ. FAILURE TO REPORT MAY RESULT IN CONTRACT TERMINATION OR PENALTIES AS PROVIDED BY LAW.

Column (g) should be the sum of the amounts in Columns (e) and (f).

For supplemental awards and changes to existing awards, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of the amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

# **Section B. Budget Categories**

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets were prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

- Item 6a-h Show the estimated amount for each direct cost budget (object class) category for each column with program, function or activity heading.
- Item 6i Show the totals of Lines 6a to 6h in each column.
- Item 6j Show the amount of indirect cost.
- Item 6k Enter the total of amounts on Line 6i and 6j. For all applications for new and continuation awards, the total amount in Column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental awards and changes to awards, the total amount of the increase or decrease as shown in Columns (1) (4), Line 6k, should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5. When additional sheets were prepared, the last two sentences apply only to the first page with summary totals.
- Item 7 Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the Program Manager in determining the total amount of the award.